



John Flynn <JFlynn@afphq.org> on 10/29/2010 04:19:07 PM

To: ""2022190174@fec.gov"" <2022190174@fec.gov>  
cc:

Subject: FEC Form 9

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

John Flynn  
Executive Vice President and General Counsel  
Americans for Prosperity  
Suite 350  
2111 Wilson Blvd.  
Arlington, VA 22201  
(703) 224-3200 office  
(703) 224-3201 facsimile  
[jflynn@afphq.org](mailto:jflynn@afphq.org)  
[www.AmericansForProsperity.org](http://www.AmericansForProsperity.org)



FEC Form 9 - 10-29-10.pdf

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported  
2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code  
Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

Amended

4. Covering Period

10 27 2010  
through

10 28 2010

5. (a) Date of Public Distribution(s) 10 28 2010

(b) Communication Title "Yes Man"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

### 8. Custodian of Records

(a) Name Steve Mullins

(b) Address (number and street)  
2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code  
Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

Americans for Prosperity

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

35,235.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/29/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Tim Phillips		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	President		
B.	(a) Name	John Flynn		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	Secretary/Treasurer		
C.	(a) Name	Steve Mullins		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	CFO		
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE **3** OF **4**

<p><b>A.</b> Full Name of Donor <u>N/A</u></p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt            . . . . .</p> <p>Amount            . . . . .</p>
<p><b>B.</b> Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt            . . . . .</p> <p>Amount            . . . . .</p>
<p><b>C.</b> Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt            . . . . .</p> <p>Amount            . . . . .</p>
<p><b>D.</b> Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt            . . . . .</p> <p>Amount            . . . . .</p>
<p><b>E.</b> Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt            . . . . .</p> <p>Amount            . . . . .</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ► <u>0</u></p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ..... ►            (carry total from last page to Line 9)</p>	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee:</b> <u>Mentzer Media Services, Inc.</u>				<b>Date of Disbursement or Obligation</b> <u>10 27 2010</u>	
<b>Mailing Address of Payee:</b> <u>600 Fairmont Avenue, Suite 306</u>				<b>Amount</b> <u>35,235.00</u>	
<b>City:</b> <u>Towson</u>		<b>State:</b> <u>MD</u>		<b>Zip Code:</b> <u>21286</u>	
<b>Name of Employer:</b>		<b>Occupation:</b>		<b>Communication Date</b> <u>10 28 2010</u>	
<b>Purpose of Disbursement (Including title(s) of communication(s)):</b> <u>Placement of "Yes Man" TV Ad</u>					
<b>Name of Federal Candidate:</b> <u>Chad Causey</u>		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate:</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate:</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate:</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee:</b>					
<b>Mailing Address of Payee:</b>				<b>Date of Disbursement or Obligation</b>	
<b>City:</b>				<b>Amount</b>	
<b>State:</b>		<b>Zip Code:</b>		<b>Communication Date</b>	
<b>Name of Employer:</b>		<b>Occupation:</b>			
<b>Purpose of Disbursement (Including title(s) of communication(s)):</b>					
<b>Name of Federal Candidate:</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate:</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate:</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate:</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				<u>35,235.00</u>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)					

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/29/2010</i>

*JH*  
PREPARER  
(3/2005)

*10/29/2010*  
DATE PREPARED